



South Carolina Judicial Branch

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SC Court of Appeals

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Mailing Address P.O. Box 1717, Greenville, SC 29602-1717		Is the requestor a party in the case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If no, does the requestor represent a party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of party D.R. Horton, Inc.			
Transcript Information			
Docket Number 2019-CP-04-01942	Full Case Caption (i.e. State v. John Doe or John Smith v. Jane Smith) Zitek v. D.R. Horton et al		Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>
Date(s) of Proceeding 7/21/2023	County Anderson	Appeal pending <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Death Penalty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Presiding Judge Judge Sprouse		Special Circumstances Is the hearing to be transcribed one of the following: <input type="checkbox"/> Termination of parental rights <input type="checkbox"/> Adoption <input type="checkbox"/> Any actions involving child custody/visitation.	
Opposing Counsel(s) (name and email address) Justin Lucey and the attached list jlucey@lucey-law.com and the attached list		Delivery Timeframe (check Rule 607 for current page rates) <input type="checkbox"/> Quote <input type="checkbox"/> Rough Draft <input type="checkbox"/> Overnight delivery <input type="checkbox"/> Daily delivery <input type="checkbox"/> Expedited delivery (7 days) Due on/before: _____ <input checked="" type="checkbox"/> Regular delivery (60 days)	
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Portion of proceeding to be transcribed <input checked="" type="checkbox"/> Entire hearing <input type="checkbox"/> Voir dire by juror <input type="checkbox"/> Jury selection <input type="checkbox"/> Plaintiff's opening statement <input type="checkbox"/> Defendant's opening statement <input type="checkbox"/> Plaintiff's closing arguments <input type="checkbox"/> Defendant's closing arguments <input type="checkbox"/> Entire direct examination <input type="checkbox"/> Entire cross examination <input type="checkbox"/> Entire redirect <input type="checkbox"/> Examination of witness (W) by attorney (A) W: _____ A: _____ <input type="checkbox"/> Ruling of the court		Responsible Payor <input checked="" type="checkbox"/> Private / Self <input type="checkbox"/> Court Appointed Counsel Appeals Attorney _____ Email _____ <input type="checkbox"/> Other _____	
Next Hearing Date none scheduled trial is ongoing			

Requestor's Signature: Carl F. Muller **Date:** 9/11/2023
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